

Challenge TB Tanzania

QUOTE TB Light

Workshop

Participants' Manual



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CHALLENGE TB

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Abbreviations

CTB	Challenge TB
DTLC	District TB and Leprosy Coordinator
FGD	Focus Group Discussion
KNCV	KNCV Tuberculosis Foundation
NIMR	National Institute for Medical Research
NTP	National TB Program
PPT	Powerpoint Presentation
QI	Quality Impact
QUOTE	Quality of Care seen through the Eyes of the Patient
TB	Tuberculosis
TCU	Tuberculosis Central Unit
USAID	United States Agency for International Development

Introduction to the Participants' Manual

This manual includes the workshop outline and the course materials of the QUOTE TB Light Workshop.

Basic Workshop Information

Background

QUOTE is the acronym for Quality of Care as seen through the Eyes of the Patient. As recipients of services, TB patients are one of the important expert groups to assess the quality of those services. The perspective of patients with respect to the care they receive is therefore an important element to improving services to better meet their needs, increasing equity and improving access to services for diagnosis and treatment.

QUOTE TB Light is a management tool to help National TB Programs assess the quality of TB services through the eyes of the patient. The results of assessment give a clear indication of the issues that need to be addressed and can be used to develop interventions and set benchmarks for improving TB services. QUOTE TB Light is unique because TB patients are involved in all stages of its application. Involving patients in the improvement process contributes to the empowerment of TB patients and their communities, as underscored in the “Patients’ Charter for TB Care”.

The Quote TB Light Assessments will take place at district level, starting with the districts that have a low case detection rate and/or specific high risk key populations such as miners, TB/HIV patients, elderly people, and prisoners.

A four day Quote TB Light Assessment workshop will be organised to build capacity and to get buy-in from the interviewers and responsible people at the national, provincial and district levels.

Target audience

The workshop is designed for:

- Interviewers/researchers
- DTLC and the TB/HIV coordinator of the districts included in the assessment
- The Regional TB coordinator
- Field coordinators.

Facilitators

The workshop is facilitated by CTB Community Engagement Officer, the TLCU facilitator and an International Consultant

Goal and Objectives

Overall goal

By the end of this workshop the participants are competent enough to facilitate the Quote TB Light assessment at district level.

Specific Objectives

By the end of this workshop the participants will be able to:

- Present their vision on patient-centred approach and how this is linked to quality TB care.
- Explain what Quote TB Light is and when and how to apply this tool
- Conduct the Quote TB Light Focus Group Discussions (FGD) and the individual interviews
- Enter the data and calculate the quality impact scores
- Discuss the Quote TB Light Assessment results and start developing a plan of action.
- Agree on a time plan to implement Quote TB Light Assessments in the selected districts

Sessions

The workshop consists of the following eight sessions:

1. Introduction of the participants and the workshop
2. Patient-Centred Approach: What do we mean by that?
3. Quote TB Light: What, why, who and how?
4. Focus Group Discussions
5. Interview patients
6. Data entry and calculating the Quality Impact scores
7. Use the Quote TB Light results to improve the quality of care
8. Evaluation of the workshop

Training Methodology

The training methodology is characterised by: learning by doing, making use of participants' experiences and skills and the active participation of all. Trainees will have ample opportunity to practice the skills needed to apply the Quote TB Light Assessment.

Course Language

The course is conducted in English.

Workshop Agenda

Day 1	Session	Facilitator
07.30- 08.00	Registration	
08.00-09.00	Session 1: Introduction of the participants and the workshop	
09.00-10.30	Session 2: Patient-Centred Approach: What do we mean by that?	
10.30-11.00	Break	
11.00-12.30		
	Session 3: Quote TB Light: What, why, who and how	
12.30-13.30	Lunch	
13.30-15.00	Session 3: Quote TB Light: What, why, who and how	
15.00-15.15	Break	
15.15-16.15	Session 3: Quote TB Light: What, why, who and how	
16.15-16.30	Evaluation of the day	

Day 2	Session	Facilitator
08.00-10.30	Session 4: Focus Group Discussions	
10.30-11.00	Break	
11.00-12.30	Session 4: Focus Group Discussions	
12.30-13.30	Lunch	
13.30-15.00	Session 4: Focus Group Discussions	
15.00-15.15	Break	
15.15-16.15	Session 4: Focus Group Discussions	
16.15-16.30	Evaluation of the day	

Day 3	Session	Facilitator
08.00-10.00	Session 5: Introducing the questionnaire and how to interview	
10.00-10.30	Break	
10.30- 13.30	Session 5: Interview patients, practice	
13.30-14.30	Lunch	
14.30-16.15	Session 5: Interview patients, evaluation	
16.15-16.30	Evaluation of the day	
12.30-13.30	Lunch	
13.30-15.00	Session 3: Quote TB Light: What, why, who and how	
15.00-15.15	Break	
15.15-16.15	Session 3: Quote TB Light: What, why, who and how	
16.15-16.30	Evaluation of the day	

Day 4	Session	Facilitator
08.00-10.00	Session 6: Data entry and calculating the Quality Impact scores	
10.00-10.30	Break	
10.30-12.30	Session 6: Data entry and calculating the Quality Impact Scores (follow up)	
12.30-13.30	Lunch	
13.30-16.00	Session 7: Use the Quote TB Light results to improve the quality of care	
16.00-16.15	Break	
16.15-17.00	Session 8: Evaluation of the workshop	

Day 1

Session 1: Introduction

Objectives

By the end of this session the participants know each other, the facilitators and the workshop program.
Have shared their expectations and learning questions

Introduce yourself

Present yourself in 30 seconds:

- Your name
- Your current position
- How long have you worked with patients?

What do you want to learn?

- What do you expect from this workshop?
- What are your learning questions?

Session 2: Patient-Centred Approach: What do we mean by that?

Assignment 1: Patient-centred approach

Prepare a five minute presentation for health workers working at the TB clinic, about patient-centred approach.

1. What is a patient-centred approach?
2. Why is a patient-centred approach important?
3. What's needed to become patient-centred?

Present your presentation in plenary.

THE PATIENTS' CHARTER FOR

Tuberculosis Care

PATIENTS' RIGHTS AND RESPONSIBILITIES



About the Charter

***The Patients' Charter for Tuberculosis Care (The Charter)* outlines the rights and responsibilities of people with tuberculosis. It empowers people with the disease and their communities through this knowledge. Initiated and developed by patients from around the world, the *The Charter* makes the relationship with health care providers a mutually beneficial one.**

The Charter sets out the ways in which patients, the community, health providers (both private and public), and governments can work as partners in a positive and open relationship with a view to improving tuberculosis care and enhancing the effectiveness of the healthcare process. It allows for all parties to be held more accountable to each other, fostering mutual interaction and a "positive partnership."

Developed in tandem with the *International Standards for Tuberculosis Care* (<http://www.worldcarecouncil.org/>) to promote a "patient-centered" approach, *The Charter* bears in mind the principles on health and human rights of the United Nations, UNESCO, WHO, Council of Europe, as well as other local and national charters and conventions including the United Nations CESC General Comment 14 on the right to health, WHO Ottawa Charter on health promotion, The Council of Europe Convention for the Protection of Human Rights and Dignity (biology and medicine), and the UNESCO Universal Draft Declaration on Bioethics and Human Rights (available at <http://www.worldcarecouncil.org/>).

The Patients' Charter for Tuberculosis Care practices the principle of Greater Involvement of People with Tuberculosis (GIPT). This affirms that the empowerment of people with the disease is the catalyst for effective collaboration with health providers and authorities and is essential to victory in the fight to stop tuberculosis. *The Charter*, the first global "patient-powered" standard for care, is a cooperative tool, forged from common cause, for the entire tuberculosis community.

Help turn these words into realities. Support the drive towards implementation in the community.

Sign online at <http://www.wcc-tb.org> or sign up by SMS text: +33 679 486 024

In common cause, with mutual respect, together we can raise the standards of care.

Comments warmly welcome: voices@wcc-tb.org

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Patients' Rights

You have the right to:

Care

- The right to free and equitable access to tuberculosis care, from diagnosis through treatment completion, regardless of resources, race, gender, age, language, legal status, religious beliefs, sexual orientation, culture, or having another illness
- The right to receive medical advice and treatment which fully meets the new *International Standards for Tuberculosis Care*, centering on patient needs, including those with multidrug-resistant tuberculosis (MDR-TB) or tuberculosis-human immunodeficiency virus (HIV) coinfections and preventative treatment for young children and others considered to be at high risk
- The right to benefit from proactive health sector community outreach, education, and prevention campaigns as part of comprehensive care programs

Dignity

- The right to be treated with respect and dignity, including the delivery of services without stigma, prejudice, or discrimination by health providers and authorities
- The right to quality healthcare in a dignified environment, with moral support from family, friends, and the community

Information

- The right to information about what healthcare services are available for tuberculosis and what responsibilities, engagements, and direct or indirect costs are involved
- The right to receive a timely, concise, and clear description of the medical condition, with diagnosis, prognosis (an opinion as to the likely future course of the illness), and treatment proposed, with communication of common risks and appropriate alternatives
- The right to know the names and dosages of any medication or intervention to be prescribed, its normal actions and potential side-effects, and its possible impact on other conditions or treatments
- The right of access to medical information which relates to the patient's condition and treatment and to a copy of the medical record if requested by the patient or a person authorized by the patient
- The right to meet, share experiences with peers and other patients and to voluntary counseling at any time from diagnosis through treatment completion

Choice

- The right to a second medical opinion, with access to previous medical records
- The right to accept or refuse surgical interventions if chemotherapy is possible and to be informed of the likely medical and statutory consequences within the context of a communicable disease
- The right to choose whether or not to take part in research programs without compromising care

Confidence

- The right to have personal privacy, dignity, religious beliefs, and culture respected
- The right to have information relating to the medical condition kept confidential and released to other authorities contingent upon the patient's consent

Justice

- The right to make a complaint through channels provided for this purpose by the health authority and to have any complaint dealt with promptly and fairly
 - The right to appeal to a higher authority if the above is not respected and to be informed in writing of the outcome
-

Organization

- The right to join, or to establish, organizations of people with or affected by tuberculosis and to seek support for the development of these clubs and community-based associations through the health providers, authorities, and civil society
 - The right to participate as “stakeholders” in the development, implementation, monitoring, and evaluation of tuberculosis policies and programs with local, national, and international health authorities
-

Security

- The right to job security after diagnosis or appropriate rehabilitation upon completion of treatment
 - The right to nutritional security or food supplements if needed to meet treatment requirements
-

Patients’ Responsibilities

You have the responsibility to:

Share Information

- The responsibility to provide the healthcare giver as much information as possible about present health, past illnesses, any allergies, and any other relevant details
 - The responsibility to provide information to the health provider about contacts with immediate family, friends, and others who may be vulnerable to tuberculosis or may have been infected by contact
-

Follow Treatment

- The responsibility to follow the prescribed and agreed treatment plan and to conscientiously comply with the instructions given to protect the patient’s health, and that of others
 - The responsibility to inform the health provider of any difficulties or problems with following treatment or if any part of the treatment is not clearly understood
-

Contribute to Community Health

- The responsibility to contribute to community well-being by encouraging others to seek medical advice if they exhibit the symptoms of tuberculosis
 - The responsibility to show consideration for the rights of other patients and healthcare providers, understanding that this is the dignified basis and respectful foundation of the tuberculosis community
-

Show Solidarity

- The moral responsibility of showing solidarity with other patients, marching together towards cure
 - The moral responsibility to share information and knowledge gained during treatment and to pass this expertise to others in the community, making empowerment contagious
 - The moral responsibility to join in efforts to make the community tuberculosis free
-

Session 3: Quote TB Light: What, Why, Who and How

Assignment 2: Quote TB Light (80 minutes)

Source: Quote TB Light booklet

Read through the Quote TB Light booklet and answer the questions here below.

Share the answers in plenary.

1. What is Quote TB Light?
2. Why apply Quote TB Light?
3. When and where should Quote TB Light be used?
4. What are the three steps in Quote TB Light?
5. What are the Quote TB Light Quality Dimensions?
6. What is the importance ranking?
7. How is the importance ranking established?
8. What is the performance score
9. How is the performance score of services established?
10. What is the quality impact score?
11. What are the Quote TB Light tools?
12. How are Quote TB Light Results used?

Assignment 3: Quote TB Light Protocol Tanzania (45 minutes)

Source: Quote TB Light Protocol Tanzania

Read through the Quote TB Light Protocol, answer the questions below.

Share the answers in plenary.

1. In which regions and districts the Quote TB Light will be conducted?
2. What were the criteria used to select:
 - Regions?
 - Districts?
 - Health facilities?
3. What are the inclusion and exclusion criteria for sampling the TB patients?
4. What is the sample size for the Focus Group Discussions?
5. What is the sample size for the Individual interviews?
6. Who will conduct the Focus Group Discussion and the Individual interviews?
7. Who will enter the data?
8. Who will analyse the data?
9. What are the ethical considerations?

Day 2

Session 4: Focus Group Discussions

Assignment 4: The pictogram cards

In your subgroup review all the pictogram cards:

- What do you see?
- Is this clear for Tanzanian TB patients?
- What misunderstandings might occur?

Prepare a plenary presentation of all pictogram cards, for TB patients in a rural health facility.

Assignment 5 : Facilitating a Focus Group Discussion (40 minutes)

In your subgroup prepare the Focus Group Discussion (FGD) for one of the following target groups:

- Men from an urban private dispensary, in the Ilala Municipal Council, Dar es Salaam region.
- Women from a rural FBO health center in the Ukerewe District Council, Mwanza region.
- Men from a district hospital, in Arusha District Council, Arusha Region.

Facilitate the FGD in plenary (15 minutes)

Assignment 6: More practice to facilitate a FGD (90 minutes)

In your subgroup of five practice: step 1 (review the cards) and 2 (the ranking) of the FGD.

One participant is the FGD facilitator and the others are FGD participants.

Give constructive feedback to the FGD facilitator, at the end of the FGD.

Continue to practice with the next participant etc.

Give as many participants the opportunity to practice. The facilitators join the subgroups.

Assignment 7: FGD data entry (45 minutes)

Work in pairs to enter the FGD results into the Quote TB light database and to calculate the average scores and the importance ranking scores. Make use of the Quote TB Light data analysis worksheet (read Quote TB Light page 9).

Develop the example of four FGDs that have taken place in one district:

1. Enter the names of the four facilities
2. Enter the scores on every dimension of each FGD

Q 1. What is the average score per dimension?

Q 2. What is more important for the participants in these FGDs?

Q 3. What is less important for the participants in these FGDs?

Q 4. What is the importance score per dimension?

Q 5. How is this importance score calculated?

Q 5. What do these importance scores tell you?

Quality Dimension	FGD1	FGD2	FGD3	FGD4	Average	Percentage
Communication and Information						
Professional competence						
Availability of services						
Affordability						
Patient provider interaction and counselling						
TB/HIV						
Support						
Infrastructure						
Stigma						

3. Change some of the scores per health facility (Note: You can only use each number between 1 and 9 once)

Q 6. How does this affect the importance ranking scores?

Day 3

Session 5: Interview Patients

Assignment 8: Interview patients

Interview two or three patients in groups of three, after each interview conduct a brief evaluation. After three interviews fill in the interview evaluation form, this information will be shared in the afternoon session.

Assignment 9: Interview evaluation form

Evaluate the individual interviews and share these findings with the plenary this afternoon:

1. **The Interviewee**
 - Did the interviewee feel comfortable?
 - Any suggestions for improvement?
2. **The questionnaire**
 - Any suggestions to adjust the questionnaire?
3. **The interview skills**
 - How do you rate your team's interview skills?
 - Which skills could be strengthened?

Day 4

Session 6: Data entry and calculating the Quality Impact Scores

Assignment 10: Calculation of the quality impact scores of care

You will practice to enter the data of the performance interviews, to understand the database, the performance results and the quality impact score of care.

For the purpose of the exercise you will only use the performance interview data of the **sections B 1** (Availability of TB services) and **B2** (Communication and Information).

1. Fill in the sections B1 and B 2 of 5 questionnaires. Include also the filled questionnaires of yesterday's patients' interviews.
2. Work in the database where you entered the FGD results.
3. Go to the Tab: Performance Assessment and read the instructions.
4. Go to the Sections B1 and B2 and enter the data.
5. Scroll down to the results (row 40) and enter the results in the table below:
 - The mean performance score
 - The negative performance score
 - The (Poor) performance score
 - The importance score
 - The QI score
 - N

Q1: How is the mean performance defined?

Q2: How is the negative performance score defined?

Q3: How is the performance score defined?

Q4: How is the QI Score defined?

Q5: How is N defined?

Q6: What are the priority areas for improvement? Why? Share these in plenary.

6. Go back to the Importance Score tab and change some of the Important Ranking Scores.

Q7: How does this affect the QI scores?

B1: AVAILABILITY OF TB SERVICES

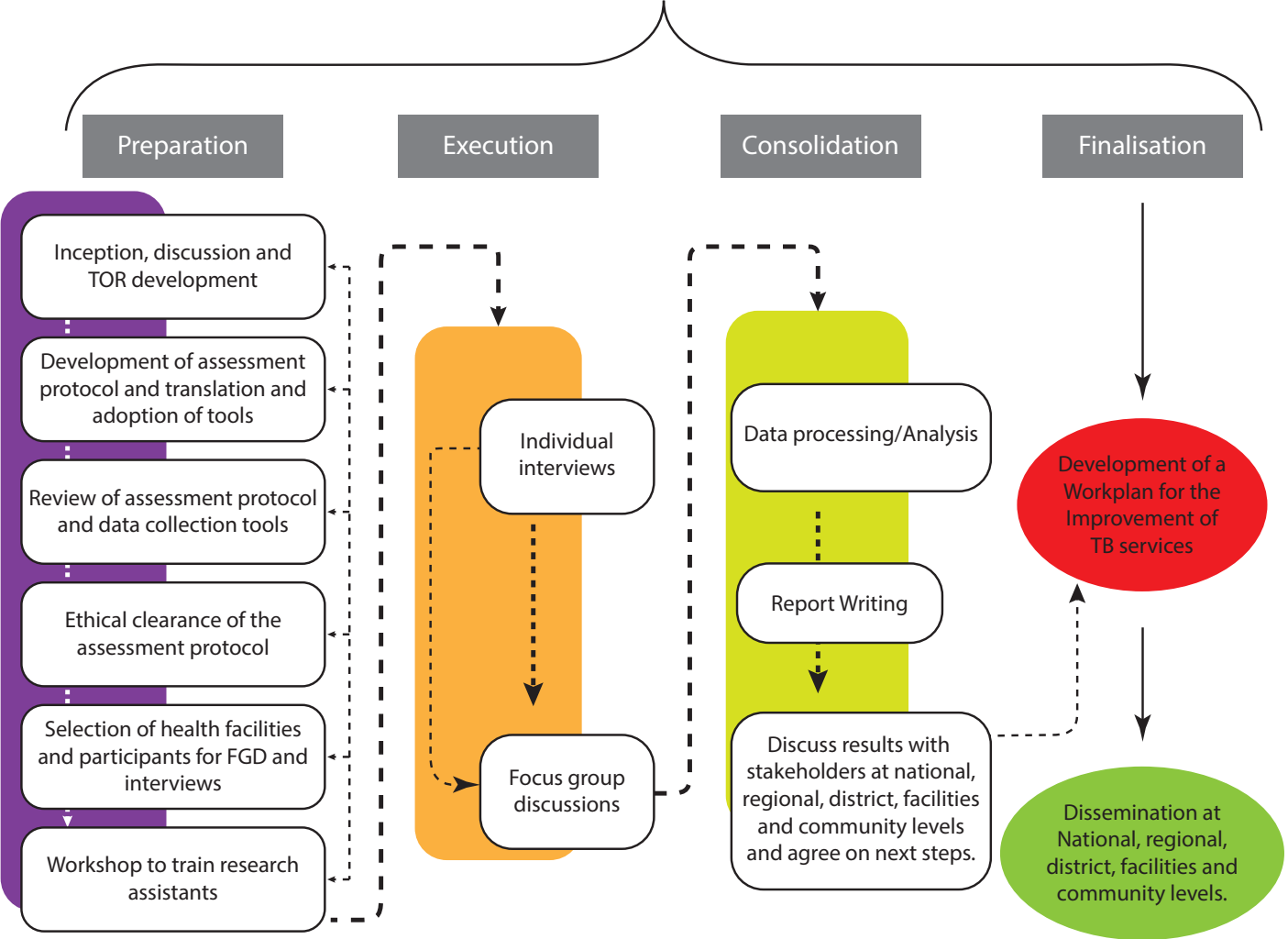
Results	1. Are the waiting time(s) before being served by providers at this health facility acceptable to you?	2. How often are you attended to by the same health providers in this facility?	3. How often are the service hours of this facility inconvenient for you to get your TB treatment?	4. How often are drugs not available when you require them?	5. How often do you experience difficulties in obtaining TB services at this facility because of language barriers?	6. How often do you have to go to another health unit for TB services or treatment?	7. Is this health facility easy to reach (distance)?	8. How often are TB services available during the working hours of this facility?
The mean performance score								
The negative performance score								
The (Poor) performance score								
The importance score								
The QI score								
N								

B2 : COMMUNICATION AND INFORMATION

Results	1. Do the health providers in this facility tell you when you stop spreading TB to others?	2. Do the health providers in this facility tell you that TB can be cured?	3. Do the health providers in this facility tell you about the importance of observed treatment?	4. Do the health providers in this facility tell you about the side effects of TB drugs?	5. Do the health providers in this facility tell you about the need for sputum tests at given points during your treatment schedule?	6. Do the health providers in this facility tell you about the duration of the TB treatment?	7. During your visits to this facility, do health providers tell you about how to store the drugs obtained for your treatment?	8. Does the health provider in this facility tell you when next to come back for TB services?
The mean performance score								
The negative performance score								
The (Poor) performance score								
The importance score								
The QI score								
N								

Session 7: Use the Quote TB Light Results to Improve the Quality of Care

Overview of Assessment Methodology



Source: Quote TB Light Assessment Protocol, Tanzania, July 2015

Assignment 11: Develop the Quote TB Light work plan

The Quote TB Light assessment in your district will result in QI scores for the three facilities included. Work in your group on the following questions and give a plenary presentation.

1. How you plan to discuss the results of the Quote TB Light Assessment
 - With whom (positions and at which levels) will you discuss these results?
 - Which people (positions) will organise these discussions?
 - What do you want to discuss?
 - What should be the results of this discussion?
2. Develop a work plan to improve the Quality of Care
 - Who will develop the work plan to improve the Quality of Care?
 - Make an improvement plan based on one of the QIs calculated in the previous session. Make use of the table below.

Improvement needed in the field of: _____

QI: _____

Overall goal	Actions for improvement	Which people to involve	Start: End:	Budget needed

Criteria for an appropriate plan:

- Activities address the problems
- Are doable
- Funds available
- There is buy-in for the plan from important stakeholders

3. Next steps to get Quote TB Light implemented

Agree on the next steps to get Quote TB Light implemented in your district and enter them in the table below.

What needs to be done	Start: End:	Who is responsible	What support is needed from the Central Unit



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